

MEAL COLLECTION FORM

School District: _____

Agreement No.: _____

Meal Served: (Circle one) **Breakfast** **Lunch**

Grades Served: _____

Day Served: *(Enter date and circle the day that applies.)* **Mon** _____ **Tue** _____ **Wed** _____ **Thu** _____ **Fri** _____

Total Number of Students Served:

| Menu Item | Serving Size | No. of Students Served | Check (U) as Applicable for each Menu Item | | |
|--|--------------|------------------------|--|----------|-------------------|
| | | | USDA Commodity | Recipe * | Nutrition Label * |
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| MILK <i>(include # served & type)</i> | | | | | |
| White 2% | | | | | |
| White 1% | | | | | |
| Chocolate 1% | | | | | |
| Other Milk <i>(please specify)</i> | | | | | |
| TOTAL MILK SERVED | | | | | |

* Be sure to send a **Recipe Collection Form** and **Nutrition Labels** for checked menu items.